

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number																																																																														
County: <u>Sedgwick</u>		<u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$	<u>12</u>	T <u>27</u> S	R <u>2</u> <u>EW</u>																																																																														
Distance and direction from nearest town or city street address of well if located within city? <u>1420 N Sport of Kings Ct., Wichita, KS</u>																																																																																			
2 WATER WELL OWNER: <u>Dan Pearce</u>																																																																																			
RR#, St. Address, Box # <u>1420 N Sport of Kings Ct.</u>																																																																																			
City, State, ZIP Code: <u>Wichita, KS 67230</u>																																																																																			
Board of Agriculture, Division of Water Resources Application Number:																																																																																			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>80</u> ft. ELEVATION: _____ ft.																																																																																	
N 1 Mile W E S <table border="1" style="margin: auto; text-align: center;"><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr></table>		NW	NE	SW	SE	Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.																																																																													
		NW	NE																																																																																
		SW	SE																																																																																
		WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr																																																																																	
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm																																																																																	
Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm																																																																																			
		Bore Hole Diameter <u>10</u> in. to <u>80</u> ft., and _____ in. to _____ ft.																																																																																	
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well																																																																																	
		1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)																																																																																	
		2 Irrigation 4 Industrial <u>7</u> Lawn and garden only 10 Monitoring well																																																																																	
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>✓</u> ; If yes, mo/day/yr sample was submitted _____																																																																																	
		Water Well Disinfected? Yes <u>✓</u> No _____																																																																																	
5 TYPE OF BLANK CASING USED:																																																																																			
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>✓</u> Clamped _____																																																																																			
<u>2</u> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____																																																																																			
7 Fiberglass Threaded _____																																																																																			
Blank casing diameter <u>6</u> in. to <u>2</u> ft., Dia <u>5</u> in. to <u>60</u> ft., Dia _____ in. to _____ ft.																																																																																			
Casing height above land surface <u>18</u> in., weight <u>SDR26</u> lbs./ft. Wall thickness or gauge No. _____																																																																																			
TYPE OF SCREEN OR PERFORATION MATERIAL:																																																																																			
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement																																																																																			
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____																																																																																			
12 None used (open hole)																																																																																			
SCREEN OR PERFORATION OPENINGS ARE:																																																																																			
1 Continuous slot <u>3-Min slot</u> 5 Gauzed wrapped 8 Saw cut 11 None (open hole)																																																																																			
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes																																																																																			
7 Torch cut 10 Other (specify) _____																																																																																			
SCREEN-PERFORATED INTERVALS: From <u>60</u> ft. to <u>80</u> ft., From _____ ft. to _____ ft.																																																																																			
From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																																																			
GRAVEL PACK INTERVALS: From <u>22</u> ft. to <u>80</u> ft., From _____ ft. to _____ ft.																																																																																			
From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																																																			
6 GROUT MATERIAL: <u>1</u> Neat cement 2 Cement grout 3 Bentonite 4 Other _____																																																																																			
Grout Intervals: From <u>2</u> ft. to <u>22</u> ft., From _____ ft. to _____ ft.																																																																																			
What is the nearest source of possible contamination:																																																																																			
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well																																																																																			
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well																																																																																			
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____																																																																																			
13 Insecticide storage																																																																																			
Direction from well? _____ How many feet? _____																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>PLUGGING INTERVALS</th></tr></thead><tbody><tr><td>0</td><td>1</td><td>Top Soil</td><td></td><td></td><td></td></tr><tr><td>1</td><td>23</td><td>yellow Clay</td><td></td><td></td><td></td></tr><tr><td>23</td><td>27</td><td>Brown Clay</td><td></td><td></td><td></td></tr><tr><td>27</td><td>30</td><td>Gray Clay</td><td></td><td></td><td></td></tr><tr><td>30</td><td>33</td><td>Gray shale/clay</td><td></td><td></td><td></td></tr><tr><td>33</td><td>45</td><td>Clay/Lime</td><td></td><td></td><td></td></tr><tr><td>45</td><td>50</td><td>Gray Clay</td><td></td><td></td><td></td></tr><tr><td>50</td><td>53</td><td>Shale</td><td></td><td></td><td></td></tr><tr><td>53</td><td>54</td><td>Soft Shale (sponge)</td><td></td><td></td><td></td></tr><tr><td>54</td><td>58</td><td>Brown Clay</td><td></td><td></td><td></td></tr><tr><td>58</td><td>65</td><td>Gray Shale</td><td></td><td></td><td></td></tr><tr><td>65</td><td>80</td><td>Shale</td><td></td><td></td><td></td></tr></tbody></table>						FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	1	Top Soil				1	23	yellow Clay				23	27	Brown Clay				27	30	Gray Clay				30	33	Gray shale/clay				33	45	Clay/Lime				45	50	Gray Clay				50	53	Shale				53	54	Soft Shale (sponge)				54	58	Brown Clay				58	65	Gray Shale				65	80	Shale			
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>5-5-98</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>464</u> This Water Well Record was completed on (mo/day/yr) <u>5-5-98</u> under the business name of <u>Water Well Services</u> by (signature) <u>[Signature]</u>																																																																																			
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.																																																																																			

OFFICE USE ONLY

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